Secretary of Health and Human Resources

The Design And Implementation Virginia's Comprehensive Services Act

Briefing for Commission on Revision of Virginia's State Tax Code

August 18th, 2003

Presentation Outline

- ☑ **Problems Leading To Development of CSA**
- ☐ How CSA Works And Who It Serves
- ☐ Early Study Findings and Current Expenditure Trends
- ☐ Status of Secretary's Action Plan

Several Problems Led To The Creation Of CSA

- Prior to the enactment of CSA, treatment services for troubled children were paid for through six different funding streams across four State agencies:
  - Department of Education (DOE)
  - Department of Social Services (DSS)
  - Department of Juvenile Justice (DJJ)
  - Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS)
- Problems associated with the delivery of services through this fragmented system included:
  - Service duplication --14,000 cases across four agencies were found to represent no more than 5,000 children
  - Unequal access to care fueled by differences in the local match rates
  - Reliance on more expensive forms of care also caused, in part, by differences in local match rates
  - Program expenditures rates that grew annually by approximately 22 percent

CSA Was Structured To Address Shortcomings In The System

- Upon enacting CSA, the General Assembly established several program goals. Included among these were:
  - provision of services to at-risk children in the least restrictive environment possible
  - promotion of early intervention with children and their families who are at-risk of developing emotional and behavior problems
  - increase interagency collaboration and family involvement in CSA service planning and delivery
  - provide localities with the needed flexibility to implement and monitor CSA

Presentation Outline

- ☐ Problems Leading To Development of CSA
- ☑ **How CSA Works and Who It Serves**
- ☐ Early Study Findings and Current Expenditure Trends
- ☐ Status of Secretary's Action Plan

A Two-Tiered State Management Structure Was Established To Guide Policy Development For CSA At The State Level

1st Tier Responsibilities:
--Develop Policy
--Provide Oversight

2nd Tier Responsibilities:
--Make Policy Recommendations to SEC
--Design Training and Technical Assistance for Local Governments

Membership:
Parent Representative
Private Provider
2 Local Representatives
Agency Heads from:
DMHMRSAS
DSS
DJJ
DOE
DOH
Supreme Court
DMAS

State Executive Council

State And Local Advisory Team

Membership basically mirrors SEC

Office of Comprehensive Services

The Local Structure For CSA Mirrors the State Level Structure

1st Tier Responsibilities:
- --Fiscal Agent
- --Policy Development
- --Organize Family Assessment Planning Teams

Community Policy and Management Team

Membership:
Local Agency Heads from:
- DSS
- CSBs
- Health Department
- Juvenile Court
- Local School Division
- Parents
- Private Provider

2nd Tier Responsibilities:
- --Conduct Assessments
- --Determine Client Eligibility
- --Develop Service Plans
- --Recommend Plans to CPMT

Family Assessment Planning Team

Membership:
- DSS Staff
- CSB Staff
- Health Department Staff
- Juvenile Court Staff
- Local School Division Staff
- Parents
- Private Provider

Eligibility Criteria For CSA Targets Resources To Children With Severe Problems

- CSA is mostly reserved for children who have behavior or emotional problems that either:
  - are persistent or critical in nature
  - are significantly disabling and present in several settings
  - require resources that are beyond the scope of normal agency services; or
  - place the child in imminent risk of residential care

CSA's Eligibility Criteria Gives Priority To Certain Groups Of Children

- Children who qualify for CSA based on their emotional or behavior problems are then considered either "mandated" or "non-mandated" for CSA-funded treatment services

- Services needed by mandated youth are funded sum sufficiently. This group consists of:
  - special education students who are to be enrolled in private schools
  - children in foster homes

CSA Children Have Multiple Problems

Child Abused Prior To CSA	74 percent
Emotional Problems	56 percent
Conduct Disorder	41 percent
Oppositional/Defiant	47 percent
Lack of Impulse Control	45 percent
Receiving Psychotropic Drugs	32 percent
Sexually Abused	21 percent
Living With One Parent	86 percent
At Least One Parent On Drugs	55 percent

Source: A Review of The Comprehensive Services Act, 1998 (JLARC)

Presentation Outline

- ☐ Problems Leading To Development of CSA
- ☐ How CSA Works and Who It Serves
- ☑ **Early Study Findings and Current Expenditure Trends**
- ☐ Status of Secretary's Action Plan

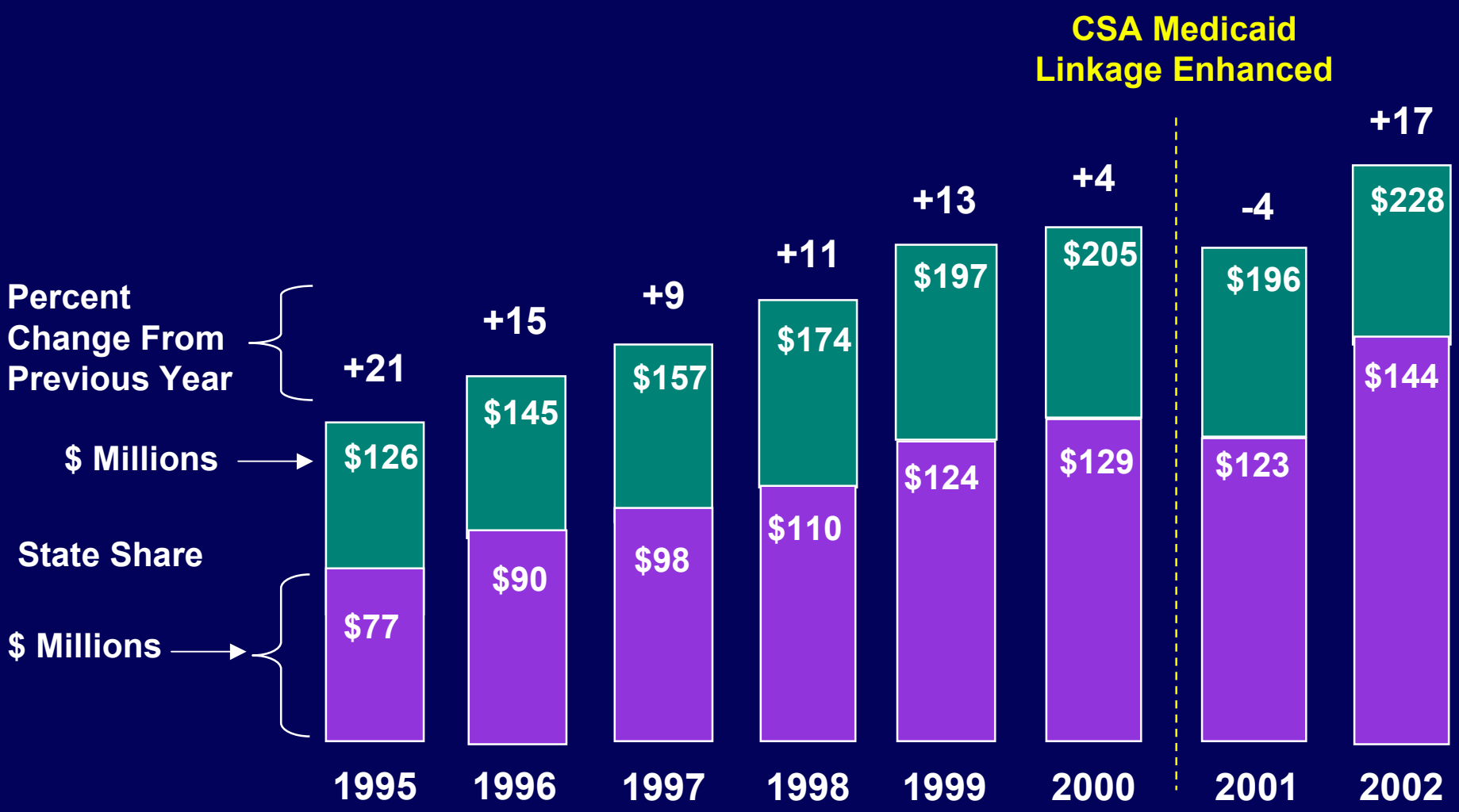
JLARC Conducted The Most Comprehensive Study of CSA To Date

- Because of concerns about early trends in CSA caseload growth and costs, the General Assembly directed JLARC to conduct a comprehensive review of the program.
- JLARC's findings were mixed.
- On the one hand, localities were found to have experienced some successes with CSA. Specifically the program:
  - provided a mechanism for involving agencies at the local level in a collaborative process
  - was successful in serving most children in the least restrictive and less expensive environments
  - appeared to stabilize the behaviors of children who received services once they left the program

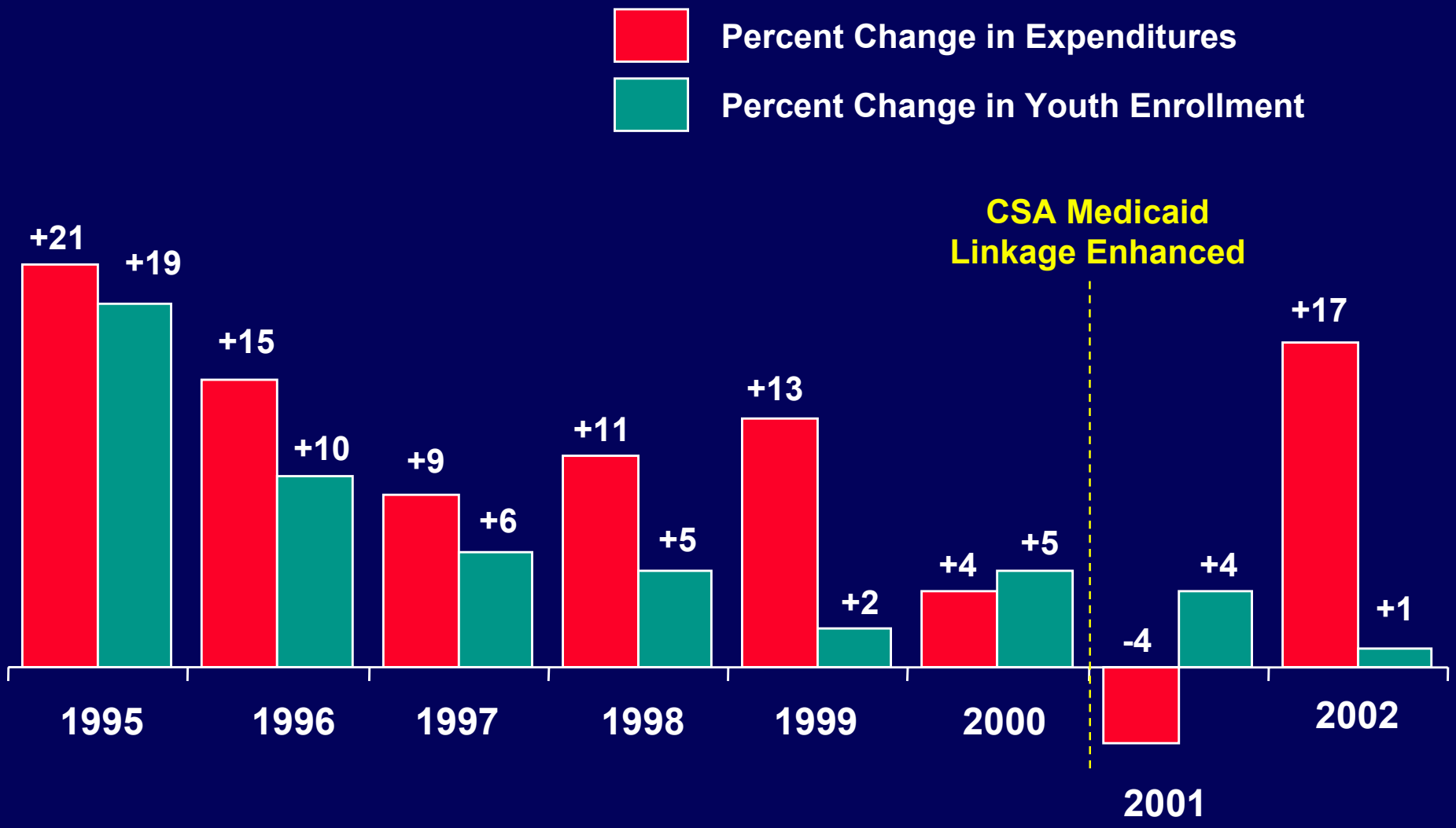
JLARC Conducted The Most Comprehensive Study of CSA To Date (continued)

- However, JLARC also found that both the State and localities needed to address a number of problems with the way the program was being implemented which threatened to undermine CSA. These included:
  - failure of localities to consistently use collaborative planning
  - inadequate client assessments by local planning teams
  - inattention to provider fees, limited program oversight and monitoring, and
  - lack of patient level data

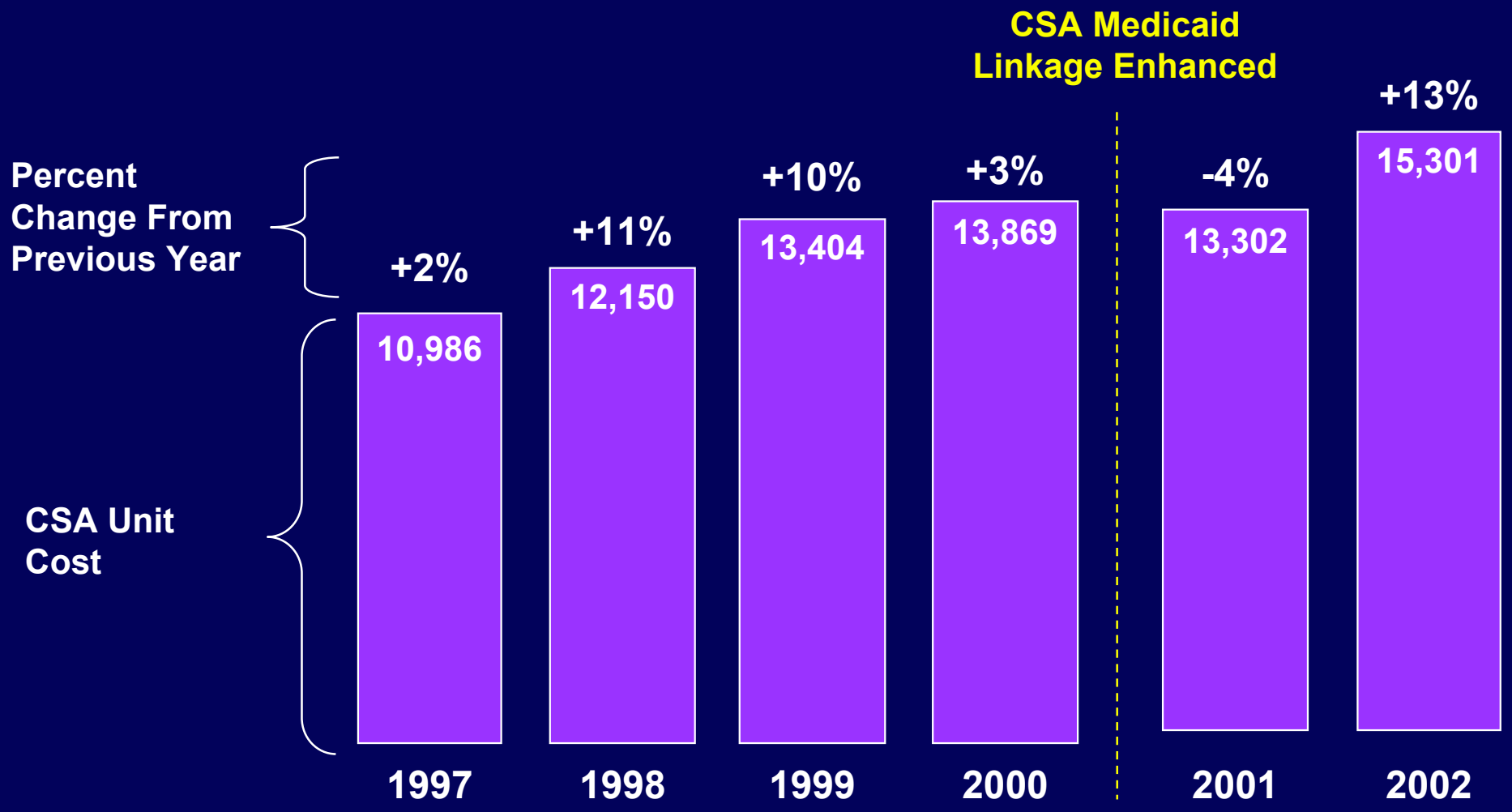
Since Its Inception, The Rate Of Growth In CSA Expenditures Has Averaged Nearly 11 Percent



Annual Increases In The Number Of Children Served In CSA Have Lagged Behind The Rate Of Growth In Overall Program Expenditures



Recent Growth In CSA Unit Cost Raises Important Policy Questions



The 2002 General Assembly Established A Mandate To Reform CSA Due To Concerns About The Program's Cost

- Two major concerns exist about the cost of CSA
  - General fund cost now exceed $144 million
  - Program cost on a per-child basis has recently spiked
- Program implementation concerns also exist
  - Questions about effectiveness of State Executive Council persists
  - The ability of some local governments to manage high end CSA services in a cost-effective manner has also been called into question
- The 2002 Virginia General Assembly directed the Secretary to establish an Action Plan that addresses these and other concerns

Presentation Outline

- ☐ Problems Leading To Development of CSA
- ☐ How CSA Works and Who It Serves
- ☐ Early Study Findings and Current Expenditure Trends
- ☑ Status of Secretary's Action Plan

Action Plan Put Forth To Address Several Major Problems In CSA

Study Area	Nature of Problem	Solution and Status
CSA Allocation	In CSA, each locality receives an initial base allocation that has been found to account for only 55 percent of annualized costs.	Freeze supplemental funding at the FY 03 level and place any new dollars appropriated into the base allocation. (Completed)
CSA State-Level Structure	Current management structure does not appear to have yielded the stewardship needed to ensure the proper management of the program	Secretary becomes chairperson of SEC Dispute resolution rests with Secretary and Governor (Completed)

Action Plan Put Forth To Address Several Major Problems In CSA
(continued)

Study Area	Nature of Problem	Solution and Status
Use of federal funds	Federal funds available through the Medicaid program and Title IV-E have not been fully utilized	Expand the scope of Medicaid coverage (December, 2003) Greater use of Title IV-E (Training To Begin In October, 2003)
Local Management of CSA program	Questions persists around the ability of localities to manage CSA, especially for high-cost cases	Evaluate local best practices for possible application on a statewide basis (On-Going)

Action Plan Put Forth To Address Several Major Problems In CSA (continued)

Study Area	Nature of Problem	Solution and Status
Local Management of CSA program	Service providers currently charge local governments a daily rate for a "bundle" of services. As a result, localities are often unclear on what they are purchasing and opportunities for charging the cost of particular CSA services to the federal government are minimized	Develop standardized contracts in which services are "unbundled" or separately identified (On-going)
CSA Data System	There is no statewide patient level database available on the children who receive CSA services	Develop a statewide patient level database *(Completed)

*System was put in place with no State funding. Local concerns about cost impact remain

Conclusion

- Secretary's Action Plan in place.
- Many of the individuals who worked on the construction of this plan this summer have been assisting with its implementation
- We are on the road to making CSA the program it was intended to be:
  - Collaborative planning at state and local level
  - A cost-effective, child-centered, family-focused, community-based system of care for children and their families
  - A system that provides care in the least restrictive and most appropriate environment